

LINCOLN OFFICE
SUITE 500
301 SOUTH 13TH STREET
LINCOLN, NEBRASKA 68508-2578
TELEPHONE 402-437-8500
FAX 402-437-8558

WOODS & AITKEN

L • L • P

DOCKET FILE COPY ORIGINAL

DENVER OFFICE
SUITE 525
8055 EAST TUFTS AVENUE
DENVER, COLORADO 80237-2835
TELEPHONE 303-606-6700
FAX 303-606-6701

OMAHA OFFICE
SUITE 525
10250 REGENCY CIRCLE
OMAHA, NEBRASKA 68114-3754
TELEPHONE 402-898-7400
FAX 402-898-7401

THOMAS J. MOORMAN
DIRECT: (202) 944-9502
EMAIL: TMOORMAN@WOODSAITKEN.COM
WWW.WOODSAITKEN.COM
ADMITTED TO PRACTICE ONLY IN THE DISTRICT OF COLUMBIA

PLEASE RESPOND TO WASHINGTON ADDRESS

WASHINGTON OFFICE
SUITE 310
5151 WISCONSIN AVENUE, N.W.
WASHINGTON, D.C. 20016-4124
TELEPHONE 202-944-9500
FAX 202-944-9501

June 24, 2014

ORIGINAL

REDACTED – FOR PUBLIC INSPECTION

HAND DELIVERED

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, NW
Washington, DC 20554

Accepted/Files

JUN 24 2014

Federal Communications Commission
Office of the Secretary

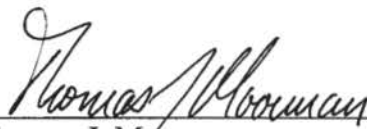
**Re: WC Docket No. 10-90
WC Docket No. 11-42
Submission of Redacted Version of FCC Form 481 and Five Year Plan for
UniTel, Inc. (Study Area Code 100029).**

Dear Ms. Dortch:

Attached for filing is one copy of the redacted public version of (1) the FCC Form 481 of UniTel, Inc. (the "Company") which contains the Company's financial information of required by Section 54.313(f)(2) of the Commission's rules (which is filed in compliance with the Protective Order referenced below) and (2) the Company's initial Section 54.202(a)(1)(ii) five-year plan required by Section 54.313 of the Commission's rules.

The Company's FCC Form 481 has been electronically filed with the Universal Service Administrative Company. Consistent with the Commission's Protective Order, WC Docket No. 10-90 *et al.*, DA 12-1857, released November 12, 2012 (the "Protective Order") and 47 C.F.R. § 0.459 of the Commission's Rules, the Company, under separate letter, has submitted the confidential version of the Company's FCC Form 481 which contains the Company's financial information required by Section 54.313(f)(2) of the Commission's rules and the Company's five-year plan.

Respectfully submitted,


Thomas J. Moorman
James A. Overcash
Counsel to UniTel, Inc.

Attachment

No. of Copies rec'd
List ABCDE

0+4

Form 481 Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0046 / OMB Control No. 3045-0049 12/13
---	--

<010> Study Area Code	100029
<015> Study Area Name	UNITY TEL CO., INC.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Karla Frederick
<035> Contact Telephone Number: Number of the person identified in data line <030>	2079489902 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	karla@uninets.net

JUN 24 2014

FCC 12-220

ANNUAL REPORTING FOR ALL CARRIERS	14-313 Completion Required	14-322 Completion Required
--	----------------------------------	----------------------------------

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">100029ME510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">100029ME610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

100029WE112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

[illegible]

700) Price Offerings Including Voice Rate Data
Data Collection Form
FCC Form 481
OMB Control No. 3050-0586/OMB Control No. 3050-0815
July 2013

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079485902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

4

4

4

Figure 1. The effect of the number of iterations on the accuracy of the proposed algorithm. The accuracy of the proposed algorithm increases with the number of iterations. The accuracy of the proposed algorithm is 100% when the number of iterations is 1000.

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select (Yes, No, NA)

(1100) Non-Terrestrial Backhaul Reporting
Data Collection Form

ECG Form 481

OMB Control No. 3066-0936/OMB Control No. 3060-0819

July 2015

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0989
Data Collection Form	July 2015

<010> Study Area Code	100029
<015> Study Area Name	UNITY TEL. CO., INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035> Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

100029ME1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation		CC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-1013
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	100029
<015>	Study Area Name	UNITY TEL CO., INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@unityta.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		CCO Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010> Study Area Code	100029
<015> Study Area Name	UNITY TEL. CO., INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035> Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	karla@unityts.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

100029ME3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	100029
<015> Study Area Name	UNITY TEL CO., INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035> Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: UNITY TEL CO., INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/23/2014
Printed name of Authorized Officer: Laurie Osgood	
Title or position of Authorized Officer: CEO/President	
Telephone number of Authorized Officer: 2079489952 ext.	
Study Area Code of Reporting Carrier: 100029	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	100029
<015> Study Area Name	UNITY TEL CO., INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Karla Frederick
<035> Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

1/1/2014

[illegible]

(710) Broadband Price Offerings
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	UNITY TRF. CO., INC.
-------	-----------------	----------------------

<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	karla@uninets.net
-------	---	-------------------

[illegible]

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	100029
-------	-----------------	--------

<015>	Study Area Name	UNITY TEL CO., INC.
-------	-----------------	---------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Karla Frederick
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	2079489902 ext.
--------------------	--	-----------------

<039> Contact Email Address - Email Address of person Identified in data line <030> karla@uninets.net

<810>	Reporting Carrier	UniTel, Inc.
-------	-------------------	--------------

<811>	Holding Company	UniTek, Inc.
-------	-----------------	--------------

<812>	Operating Company	UniTel, Inc.
-------	-------------------	--------------

<813>

Affiliates

SAC

Doing Business As Company or Brand Designation

UniCap, Inc.

Bluestreak

UniTel, Inc.

**Federal Communications Commission
Five Year Service Quality Improvement
Plan**

**REDACTED – FOR PUBLIC
INSPECTION**

Source: State Office of Policy and Management

<http://econ.maine.gov/index/build>

Families Below the Poverty Level

Average of 6 communities fully within UniTel territory

Albion	8.5
Troy	10.5
Thorndike	13.5
Unity	15.7
Newburgh	4
Dixmont	9.8

Total 62 divided by 6 = 10.333 rounded to 10.3%

Income - Families below poverty level, 2012	Unity	Thorndike	Troy	Dixmont	Newburgh	Albion	Maine
All families - Total	489	262	238	357	452	555	349,857
All families - Total; Margin of Error	61	45	41	40	44	58	2,167
All families - Percent below poverty level	15.7	13	10.5	9.8	4	8.5	9
All families - Percent below poverty level; Margin of Error	6.5	8.1	5.5	5.9	3.2	5.4	0

Sources:

Income - Families below poverty level from:
American Community Survey 5-year estimates

Maine Office of Policy and Management

Home → Econ.Maine.Gov

Economics & Demographics

Comprehensive Plan

Commonly Requested Data

Build Your Own Spreadsheet

Change selections.

Download CSV

Income - Families below poverty level, 2012	Unity	Thorndike	Troy	Dixmont	Newburgh	Albion	N
All families - Total	489	262	238	357	452	555	34
All families - Total; Margin of Error	61	45	41	40	44	58	
All families - Percent below poverty level	15.70	13	10.50	9.80	4	8.50	
All families - Percent below poverty level; Margin of Error	6.50	8.10	5.50	5.90	3.20	5.40	

Sources:

Income - Families below poverty level from:

American Community Survey 5-year estimates

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Income - Families below poverty level, 2012

Maine

All families - Total

349,857

All families - Total; Margin of Error

2,167

All families - Percent below poverty level

9

All families - Percent below poverty level; Margin of Error

0

Sources:

Income - Families below poverty level from:

American Community Survey 5-year estimates

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Appendix D

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State & County QuickFacts

Waldo County, Maine

People QuickFacts	Waldo County	Maine
Population, 2013 estimate	38,940	1,328,302
Population, 2012 estimate	38,870	1,328,501
Population, 2010 (April 1) estimates base	38,788	1,328,381
Population, percent change, April 1, 2010 to July 1, 2013	0.4%	Z
Population, percent change, April 1, 2010 to July 1, 2012	0.2%	Z
Population, 2010	38,788	1,328,381
Persons under 5 years, percent, 2012	5.1%	5.0%
Persons under 18 years, percent, 2012	20.2%	20.0%
Persons 65 years and over, percent, 2012	17.7%	17.0%
Female persons, percent, 2012	51.1%	51.1%
White alone, percent, 2012 (a)	97.2%	95.3%
Black or African American alone, percent, 2012 (a)	0.5%	1.3%
American Indian and Alaska Native alone, percent, 2012 (a)	0.5%	0.7%
Asian alone, percent, 2012 (a)	0.5%	1.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	Z
Two or More Races, percent, 2012	1.4%	1.5%
Hispanic or Latino, percent, 2012 (b)	1.0%	1.4%
White alone, not Hispanic or Latino, percent, 2012	96.4%	94.1%
Living in same house 1 year & over, percent, 2008-2012	87.0%	88.3%
Foreign born persons, percent, 2008-2012	1.6%	3.3%
Language other than English spoken at home, pct age 5+, 2008-2012	3.3%	7.0%
High school graduate or higher, percent of persons age 25+, 2008-2012	90.4%	90.6%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	26.4%	27.3%
Veterans, 2008-2012	4,362	130,685
Mean travel time to work (minutes), workers age 18+, 2008-2012	26.8	23.3
Housing units, 2013	21,803	723,128
Homeownership rate, 2008-2012	78.5%	72.1%
Housing units in multi-unit structures, percent, 2008-2012	9.3%	19.4%
Median value of owner-occupied housing units, 2008-2012	\$158,100	\$175,800
Households, 2008-2012	16,493	553,208
Persons per household, 2008-2012	2.31	2.34
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$23,020	\$26,464
Median household income, 2008-2012	\$42,238	\$48,219
Persons below poverty level, percent, 2008-2012	15.5%	13.3%
Business QuickFacts	Waldo County	Maine
Private nonfarm establishments, 2012	957	40,120 ¹
Private nonfarm employment, 2012	8,480	486,838 ¹
Private nonfarm employment, percent change, 2011-2012	1.0%	1.5% ¹
Nonemployer establishments, 2012	3,788	110,117
Total number of firms, 2007	6,089	150,389
Black-owned firms, percent, 2007	F	0.5%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%

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Appendix D

Asian-owned firms, percent, 2007	F	0.7%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.0%
Hispanic-owned firms, percent, 2007	F	0.7%
Women-owned firms, percent, 2007	29.7%	25.6%
Manufacturers shipments, 2007 (\$1000)	210,346	16,363,192
Merchant wholesaler sales, 2007 (\$1000)	622,257	8,823,719
Retail sales, 2007 (\$1000)	340,345	20,444,031
Retail sales per capita, 2007	\$8,657	\$15,520
Accommodation and food services sales, 2007 (\$1000)	37,580	2,515,827
Building permits, 2012	87	3,001 ¹
Geography QuickFacts	Waldo County	Maine
Land area in square miles, 2010	729.92	30,842.92
Persons per square mile, 2010	53.1	43.1
FIPS Code	027	23
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source: U.S. Census Bureau, State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.
 Last Revised: Wednesday, 11-Jun-2014 06:49:51 EDT

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